



TO: Outreach Partners and Interested Parties

FROM: *Prescription Advantage*

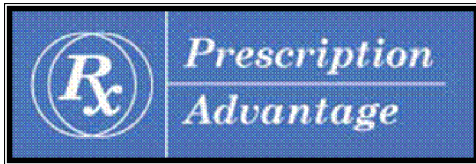
Date: November 29, 2005

BULLETIN

This bulletin is one in a series of routine updates regarding Prescription Advantage. These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

LIS Outreach Letter

Prescription Advantage members with incomes below 188% of the Federal Poverty Level (FPL) (\$17,993 single; \$24,121 married couple) are required to submit an application to Social Security for Extra Help. At this time a number of members have not provided Prescription Advantage with evidence that they have applied or have been approved or denied for the Extra Help. The attached letter will be mailed to those members this week to explain the steps Prescription Advantage will take to assist them in the application process.



November 29, 2005

Dear Prescription Advantage Member:

FINAL NOTICE: This correspondence contains important information about your Prescription Advantage benefits. Please read it carefully.

Contact Prescription Advantage to Protect Your Benefits

Our records show that you have not yet submitted the Social Security application for Extra Help with your Medicare Prescription Drug Coverage despite having received several previous requests from us. **If you do not contact us regarding this application by December 9, 2005, Prescription Advantage will submit an incomplete application for Extra Help to the Social Security Administration on your behalf.** This application will be incomplete because we do not have all of the information required. This action will be taken to ensure that you receive this Extra Help as of January 1, 2006, if your application is approved.

If Prescription Advantage submits an incomplete application for you and you do not complete the application within 60 days of submission, your Prescription Advantage benefits will be terminated as of **March 1, 2006**.

What You Must Do Now:

- Contact Prescription Advantage Customer Service before December 9, 2005 at the number listed at the end of this letter regarding the status of your application for Extra Help. We can help you complete the application.
- If you are certain that you do not qualify for this Extra Help or if you have already submitted an application, you must contact Prescription Advantage Customer Service by **December 9, 2005**.
- If you have received a letter from Social Security Administration stating that they have received your application or if you have received a determination letter from Social Security about your eligibility for Extra Help, please send a copy of this letter to Prescription Advantage at the address below by **December 9, 2005**.

Prescription Advantage
P.O. Box 15153
Worcester, MA 01615-0153

ATTN: Outreach Program

It is important that you contact us to protect your Prescription Advantage benefits. Please call Customer Service (toll free) at 1-800-AGE-INFO (1-800-243-4636) or TTY for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,